

**Carolyn's PAC** #1A, 49 East 92nd Street, New York, NY 10128

A Non-Connected Political Action Committee, Clifton H.W. Maloney, Treasurer, Andrew R. Tulloch, Esq., Counsel

June 21, 2000

**Via United States Postal Service**

**Next Day Express Mail**

John D. Gibson, Assistant Staff Director  
Reports Analysis Division  
Federal Election Commission  
999 E. Street, N.W.  
Washington, D.C. 20463

**Reference: Mid-Year Report (1/1/99-6/30/99), RQ-2- RQ-6  
Carolyn's PAC, FEC ID# C00341990**

RECEIVED  
FEC MAIL ROOM  
JUN 23 AM 10:51

Dear Mr. Gibson:

In response to the above referenced inquiry, on behalf of CAROLYN'S PAC, the undersigned responds as follows to the Commission's letter:

**ADMINISTRATIVE EXPENSES & IN KIND CONTRIBUTIONS:**

1. The Committee does not have a stationary location or a direct telephone number. The address listed on the Committee's Statement of Organization is for registration, compliance, and banking purposes. The Committee is a leadership PAC and as such the primary activity is to receive qualified and permissible contributions and make contributions in accordance with the provisions of the FECA.

The administrative functions of the Committee and its operations are conducted out of the Law Offices of Andrew R. Tulloch, Esq., Suite 1803, 501 Fifth Avenue, New York, New York, 10017-6107, telephone: (212) 922-2129, (212) 661-7952. The limited payments for administrative expenses for the purposes of operating a committee have been fully disclosed on Schedule(s) B supporting Line(s) 21(b) of the Detailed Summary Page for the period referenced above. I direct your attention to this schedule.

In particular, while the Committee has no lease at any office or utility accounts, payments reflecting rent, utilities, salaries, telephone service, office equipment and supplies are reflected in the payments made on Schedule (s) B to Andrew R. Tulloch, Esq., which is for both salary/legal fee and office reimbursement expenses, and to Bell

John Gibson  
Federal Elections Commission  
June 21, 2000  
Page Two

Allantic and Con Edison for the Committee's pro-rata expenses for its share of fundraising expenses associated with another unconnected committee's location.  
John Gibson

The expenses of the Committee are not paid for by a connected organization and as such the Committee's Statement of Organization does not need to be amended pursuant to 2 U.S.C 433(b)(2). Additionally, there are no goods or services other than those listed on Schedule(s) B by a person, except volunteer activity which would be considered an in-kind contribution from that person, and would be subject to the disclosure requirements of 2 U.S.C. 434(b)(3) and 11 CFR 104.13, and the limitations provisions and prohibitions of 2 U.S.C. 441a abd 441 b.

The preceding paragraphs of this response should provide the Commission's required clarification regarding administrative expenses during the current two year elections cycle. All expenses referenced in the first paragraph of your letter and the preceding letter of Scott Walker, the Reports Analyst, dated May 17, 2000 for this period are fully disclosed and any other services are volunteer activities, and no services are provided by any other committee. The Committee operates on a pay as you go for its expenses and has made payments which have been fully disclosed on Schedule(s) B.

#### PROPRIETORSHIP /PARTNERSHIP ATTRIBUTION

In response to your request for omitted information regarding contributions from six (6) unincorporated proprietorship/partnership entities totaling \$2,500.00 for all six, the Committee used its best efforts to obtain the information on the respective parties based upon their ownership in the firm. The information received by the undersigned from the individual who mailed the checks containing the contributions to the Committee is that a sole individual is the owner of all six (6) entities, the sole proprietor/partner of the partnerships listed on Schedule A and an amended Report for this period (1/1/99- 6/30/99) listing six (6) contributions from that individual and listing each respective entity as his employer. As Scott Walker and I discussed this is permissible since the total for this individual contributor is still under \$5,000.00 the contribution limit for the current two year cycle. The amended report containing the amended Schedule A only is annexed hereto as "Exhibit A".

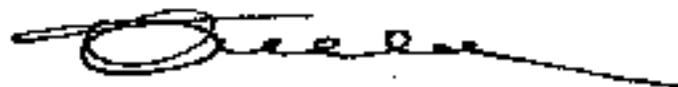
If you have any questions do not hesitate to call me at my law office, (212)922-2129 or send by facsimile to me at my law office, (212) 661-7952, which is the operating location of the Committee.

John Gibson  
Federal Elections Commission  
June 21, 2000  
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The Statement of Organization as filed shall remain. Correspondence is forwarded to my office by the Treasurer when received at the mailing location.

The Committee apologizes for the delay in responding to the Commission's RQ-2. My conversation with Mr. Walker indicated that he wanted this RQ-2 responded to jointly with the RQ-2 dated May 17, 2000 for the period 7/1/99-12/31/99, and the delay is attributed to providing information to the issues on the unincorporated proprietorships listed on Schedule A using our best efforts to do so.

Very truly yours,



ANDREW R. TULLOCH

Encl. (Amended Schedule A)

ANDREW R. TULLOCH  
ATTORNEY AT LAW

SUITE 1803 • 501 FIFTH AVENUE  
NEW YORK, N.Y. 10017  
TEL (212) 922-2129  
FAX (212) 551-7552

17 COUNTRYSIDE DRIVE  
LIVINGSTON, N.J. 07039  
(973) 538-8828

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUN 23 A 10:51

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**CAROLYN'S PAC**

ADDRESS (number and street)  Check if different than previously reported  
**49 EAST 92nd Street, #1A**

CITY, STATE and ZIP CODE  
**NEW YORK, NY 10128**

2. FEC IDENTIFICATION NUMBER  
**C00341990**

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

### Monthly Report Due On:

- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <b>1/1/99</b> through <b>6/30/99</b>		
6. (a) Cash on Hand January 1, 19 <b>99</b>		\$ 6,960.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,960.05	
(c) Total Receipts (from Line 19)	\$ 35,500.00	\$ 35,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 42,460.05	\$ 42,460.05
7. Total Disbursements (from Line 30)	\$ 9,147.17	\$ 9,147.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 33,312.88	\$ 33,312.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
**CLIFTON H.W. MALONEY**

Signature of Treasurer  
*Clifton H.W. Maloney*

Date  
**6/21/00**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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FEC FORM 3X  
(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
CAROLYN'S PAC C 00341990		FROM 1/1/99	TO 6/30/99
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Barnized (use Schedule A)	35,500.00	35,500.00
ii.	Unbarnized	0	0
iii.	Total (add i and ii) >	35,500.00	35,500.00
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contributions (add a ii, b and c) >	35,500.00	35,500.00
12.	Transfers From Affiliated/Other Party Committees	0	0
13.	All Loans Received	0	0
14.	Loan Repayments Received	0	0
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0
18.	Transfers from Nonfederal Account for Joint Activity	0	0
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	35,500.00	35,500.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	35,500.00	35,500.00
<b>II Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	0	0
ii.	Non-Federal Share	0	0
b.	Other Federal Operating Expenditures	2,147.17	2,147.17
c.	Total Operating Expenditures (add a i, a ii, and b) >	2,147.17	2,147.17
22.	Transfers to Affiliated/Other Party Committees	0	0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	6,000.00	6,000.00
24.	Independent Expenditures (use Schedule E)	0	0
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26.	Loan Repayments Made	0	0
27.	Loans Made	0	0
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	1,000.00	1,000.00
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contribution Refunds (add a, b and c) >	0	0
29.	Other Disbursements	0	0
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,147.17	9,147.17
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,147.17	9,147.17
<b>III Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans) (from line 11d)	35,500.00	35,500.00
33.	Total Contribution Refunds (from line 28d) <i>(last period)</i>	1,000.00	1,000.00
34.	Net Contributions (other than loans) (subtract line 33 from 32)	34,500.00	34,500.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	9,147.17	9,147.17
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.	Net Operating Expenditures (subtract line 36 from 35) >	9,147.17	9,147.17

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 4  
FOR LINE NUMBER 11

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAROLYN'S PAC C O P 341990

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR B. BROWN 221 E. 60TH STREET NY NY 10022	Holby Value Co Inc. Occupation: CORPORATE CEO	3/8/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY WARTSKI 142 W. 49TH ST. NY NY 10019	245 REALTY LLC PARTNERSHIP Occupation: REAL ESTATE PROPRIETOR	4/13/99	375.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY WARTSKI 142 W. 49TH ST NY NY 10019	65 EIGHTH AVENUE COMPANY Occupation: REAL ESTATE PROPRIETOR	4/13/99	375.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY WARTSKI 142 W. 49TH ST. NY NY 10019	408 MEMBERS LLC Occupation: REAL ESTATE PROPRIETOR	4/13/99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY WARTSKI 142 W. 49TH ST. NY NY 10019	125 E. 31ST STREET LLC Occupation: REAL ESTATE PROPRIETOR	4/13/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY WARTSKI 142 W. 49TH ST. NY NY 10019	304 WEST 92ND STREET ASSOCIATES Occupation: REAL ESTATE PROPRIETOR	4/13/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY WARTSKI 142 W. 49TH ST. NY NY 10019	WHITEHALL APARTMENT COMPANY Occupation: REAL ESTATE PROPRIETOR	4/13/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2500.00		

SUBTOTAL of Receipts This Page (optional) ..... 3,500.00

TOTAL This Period (last page this line number only) ..... 35,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 2 OF 4  
FOR LINE NUMBER 11

Contributions from Individuals

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NAME OF COMMITTEE (in Full)  
CAROLYN'S PAC C 00341990

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Nowierski 25-02 30 AVE ASTORIA, NY 11022	Astoria Chemists Occupation: Pharmacist	5/26/99	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Denise Rich 425 E. 58th Street NY NY 10022	Self Occupation: Songwriter	5/18/99	3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 3,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Friedman 129 Audley St Kew Gardens, N.Y. 11418	Franklin Center for Nursing Occupation: Administrator	5/20/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Koons 600 Broadway - 2nd floor NY NY 10012	Self Occupation: Artist	5/28/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theresa A. Bischoff 415 E. 97th St. NY NY 10016	NYU Hospital Center Occupation: Healthcare Exec.	5/25/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard A. Lauder 767 Fifth Ave NY NY 10153	Estee Lauder Companies Occupation: C.E.O.	5/27/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Stern 111 E. 56th Street NY NY 10022	Alzheimer Foundation Occupation: C.E.O.	5/4/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)	13,000.00
TOTAL This Period (last page this line number only)	25,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

Page 3 of 4  
FOR LINE NUMBER 11

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAROLYN'S PAC CPO 341990

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CABAZON BAND OF MISSION INDIANS, 84-245 INDIAN SPRINGS, INDIO, CA 92201	American Indian Tribe	5/12/99	3,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: American Indians	Aggregate Year-to-Date > \$ 3,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jay Thomas Snyder 1020 Fifth Ave NY NY 10028	Self	6/24/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey L. Koons 600 Broadway - 2nd floor NY NY 10012	Self	8/1/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Artist	Aggregate Year-to-Date > \$ 3,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard H. Medley 950 Park Ave NY NY 10028-0320	Medley Investment group	6/30/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eve Chilton Weinstein	Miramax	5/28/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marley L. Lippman 1021 Park Ave NY NY 10028	Triad Corp.	6/29/99	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: C.E.O.	Aggregate Year-to-Date > \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marie Christine Adams 1021 Park Ave NY NY 10028	Housewife	6/29/99	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife	Aggregate Year-to-Date > \$ 5,000.00	

SUBTOTAL of Receipts This Page (optional)

17,000.00

TOTAL This Period (last page this line number only)

35,500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate receipt(s) for each category of the Detailed Summary Page

PAGE 4 OF 4  
FOR LINE NUMBER 11

*Contributions from Individuals*

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

*CAROLYN'S PAC C00341990*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Krishna M. Reddy 1318 Bonita Drive La Habra Hills, CA 90631</i> Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Self-employed</i>	<i>6/20/99</i>	<i>2,000.00</i>
Occupation <i>Dentist</i>		Aggregate Year-to-Date > \$ <i>2000.00</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

*2,000.00*

TOTAL This Period (last page this line number only) .....

*35,500.00*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 216, C

*Operating Expenditures*

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CAROLYN'S PAC C 00341990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrew R. Tulloch, Esq. SUITE 1803 - 501 FIFTH AVE NY NY 10017	Legal Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/99	2,125.00
Andrew R. Tulloch, Esq. SUITE 1803 - 501 FIFTH AVE NY NY 10017	Expense Reimburs. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/99	22.17
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

2,147.17

TOTAL This Period (last page this line number only) .....

2,147.14

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 12  
FOR LINE NUMBER 23

*Contributions to Federal Candidates*

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

*CAROLYN'S PAC C 00341990*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Friends of Carolyn McArthur PO Box 940 Mineola NY 11501</i>	<i>Carolyn McArthur Candidate 5th (N.Y.) House</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/4/99</i>	<i>500.00</i>
<i>Grace Napolitano</i>	<i>Grace Napolitano Candidate House</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/10/99</i>	<i>500.00</i>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

*1,000.00*

TOTAL This Period (last page this line number only) .....

*6,078.00*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2  
FOR LINE NUMBER 23

*Contributions to Political Committees*

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NAME OF COMMITTEE (In Full)

*CAROLYN'S PAC*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Democratic Congressional Campaign Committee - (Washington D.C)</i>	<i>Contributions</i>	<i>6/10/99</i>	<i>5,000.00</i>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code <i>430 South Capitol Street Washington D.C 20003</i>	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

*5,000.00*

TOTAL This Period (last page this line number only)

*6,000.00*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER

280

*Refunds of Contributions*

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CAROLYN'S PAC

C 00 341990

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Arthur Brown Holby Valve Co. Inc. 11412 Second Ave. NY NY 10022	Refund of prohibited contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) REFUND	1/14/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

1,000.00

TOTAL This Period (last page this line number only) .....

1,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>6-22-02</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMS</i> PREPARER	<i>6-23-02</i> DATE PREPARED